Effective on 12/08/2004		C	Complete if Known		
pursuant to the Consolidated Appropriation	ns Act, 2005 (H.R. 4818).	Application Number	09/963,742-Conf. #9308		
FEE TRANSM	ITTAL	Filing Date	September 27, 2001		
		First Named Inventor	Rob R. Montgomery		
For FY 200		Examiner Name	O. Akintola		
X Applicant claims small entity status.	See 37 CFR 1.27	Art Unit	3691		
AL AMOUNT OF PAYMENT	(\$) 230.00	Attorney Docket No.	35646-175183		

		METHOD O	FPAYMEN	IT (check all t	hat apply)	100	100	11 10
Check Credit (Ioney Order	None	Other (please identify)			
X Deposit Account Depo	osit Account Numb	er22	-0261	Deposit	Account Name:_	Ven	able LLP	
For the above-iden	tified deposit a	account, the D	Director is he	reby authorize	d to: (check	all that apply)		
x Charge fee(s) indicated be	ow		Charge	e fee(s) indic	ated below, ex	cept for ti	ne filing fee
Charge any a	dditional fee(s	s) or underpay	yments of	x Credit	any overpay	ments		
3 7		F	EE CALC	JLATION	100		7.7	31 7 7
1. BASIC FILING, SEARCI	I, AND EXAM	INATION FE	ES					
	FILIN	3 FEES	SEAR	CH FEES	EXAMINA	TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Eoos E	Paid (\$)
Utility	300	150	500	250	200	100	1 669 1	aiu (a)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	230	000	0		
2. EXCESS CLAIM FEES	200	100	U	U	U	0		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (includ	ing Reissues)						50	25
Each independent claim ov	er 3 (includin	g Reissues)					200	100
Multiple dependent claims							360	180
Total Claims Extra	Claims F	ee (\$)	Fee Paic	I (\$)	Mult	iple Depender	nt Claims	
- 20 =	×				Fee	(\$) <u>F</u>	ee Paid (\$	1
HP = highest number of total cla	ims pald for, if gr	eater than 20.						_
Indep. Claims Extra		ee (\$)	Fee Paic	l (\$)				
-3 =	x	·_						
HP = highest number of indepen		for, if greater tha	an 3.					
 APPLICATION SIZE FEI If the specification and dr. listings under 37 CFR sheets or fraction there 	awings excee 1.52(e)), the a	pplication siz	ze fee due is	\$250 (\$125 f)
Total Sheets E	xtra Sheets	Number	of each addit	ional 50 or frac	tion thereof	Fee (\$)	Fee F	Paid (\$)
- 100 =		50 =	(ro	und up to a who	le number) x	=		
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specificati				,				
Other (e.g., late filing st	rcharge): 22	51 Extension	on for resp	onse within	first mont	:h	23	0.00

	a M	SUBMITTED BY	11 15	Tilde Live	
Signature	Galls Hoult	Registration No. (Attorney/Agent)	43,466	Telephone	(703) 760-1681
Name (Print/Type	Ralph P. Albrecht			Date	October 1, 2007